

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 022 ***150.00

DOCUMENT # *P990000 68314*

1. Entity Name

MTV D SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

391 COCONUT CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

391 COCONUT CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

WESTON FL.
City & State

WESTON FL.
City & State

65-0958463
4. FEI Number

Applied For
Not Applicable

33326 USA.
Zip Country

33326 U.S.A.
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

JENNIFER L. SCHUCHTMAN
Name
9050 PINES BOULEVARD SUITE 205
Street Address (P.O. Box Number is Not Acceptable)
PEMBROKE PINES FL 33024
City & State Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

CONLON, MICHAEL
TITLE
NAME
391 COCONUT CIRCLE
STREET ADDRESS
WESTON, FL. 33326
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Conlon
Michael CONLON
4/2/02
894-5021

CR2E034B (12/01)